

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012765

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boonville</u>		c. CITY OR TOWN <u>Versailles</u> ⁰⁷¹⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hase Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>2 yrs</u>	
3. NAME OF DECEASED (Type or print) First <u>Mary Ollie</u> Middle <u>Nobles</u> Last		4. DATE OF DEATH Month <u>May</u> Day <u>1</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 20, 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>
13a. FATHER'S NAME <u>Thomas Sliff</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Shoemat</u>	14. NAME OF HUSBAND OR WIFE <u>James Nobles</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-32-4407</u>	17. INFORMANT <u>Jess Nobles</u> Address <u>Versailles, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>cardio-vascular Renal Disease</u> DUE TO (c) <u>myocarditis chr; arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension; chr nephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>unknown</u> <u>unknown</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u>	
21. I attended the deceased from <u>June 21-58</u> to <u>Apr 30-59</u> and last saw her alive on <u>Apr 30-1959</u> Death occurred at <u> </u> on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Deceased or title) <u>St. Regula M.D.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3 May 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Versailles City Cem</u>
23d. LOCATION (City, town, or county) <u>Versailles, Missouri</u>		23e. DATE RECD. BY LOCAL REG. <u>5/3/59</u>	
24. FUNERAL DIRECTOR <u>Midwell Funeral Home - Versailles</u>		26. REGISTRAR'S SIGNATURE <u>St. Regula</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Emil. Barton

Licensed Embalmer No. 4021.....

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.